

### MIAMI-DADE AFFORDABLE HOUSING FOUNDATION, INC.

25 West Flagler Street, Suite 750, Miami, Florida 33130 Phone: (305) 373-9750 E-mail: mdahfi@bellsouth.net

October 21, 2003

#### FIRST-TIME HOME BUYER PRE-QUALIFICATION APPLICATION

Print, complete, sign and mail to us along with a <u>money order</u> payable to: **Miami-Dade Affordable Housing Foundation, Inc.** that would include a \$25 application fee plus a \$15 fee for each person's credit report (tri-merged from three major credit bureaus in the U.S. – examples: one individual \$40, a married couple \$40, two individuals \$55, three individuals \$70, four individuals \$85). We will not process your application and you will not be considered official Home Buyer Club members until we receive the full payment. Additionally, copies of the following documents are required in order to create your file:

1- Explanation letters, bankruptcy documents, divorce decree (if applicable); 2- Two most recent bank statements; 3- Two most recent pay stubs, if paid bi-weekly. Four most recent pay stubs, if paid weekly; 4- Social Security, Pension, Child Support (include any other benefit statement letters); 5- IRS W-2's together with complete federal tax returns for the last two years. If self-employed, a current profit and loss statement is also required; 6- Birth certificates for all dependent children; 7- Florida identification, driver's license or passport.

Referred by:

, , , , , ,							
		I. BORROW	ER INFORMA	TION			
Borrower's Name (include	de Jr. or Sr., if	applicable)					
Social Security Number Home Phone			Alternate	Iternate Phone Date of Birth			of Birth
Marital Status (check one):  Married Unmarried Separated			Depender No				
	Current Address				Mon <sup>*</sup>	thly Rent	
Street:			Apt			Yrs. At present address	
City State				Zip			
	II. EMPLO	YMENT AND MO	NTHLY INCO	ME INFO	ORMATION		
Name and Address of Employer Name						Yrs.	(from – to present)
Street: City State				Suite		Busi	ness Phone
				Zip			
Position/Title/Type of Bu	usiness						
,		Overtime			Bonus		
\$ OTHER INCOME							
Child Support	Alimony		Security	Pensio	nn .		ther Income
\$ 8		\$		<b>  \$</b>		\$	
If employed in current	position for l	less than two ye	ars complete	the follo	owing:		
Name and Address of Previous Employer				Date	s (from – to)		
Name					Business Phone		
Street:					Dusi	HESS FIIOHE	
City State Zip					<del>_</del> _		
•			For Leaving	r Leaving Monthly Income \$			thly Income

III. ASSETS AND LIABILITIES					
Assets: Bank Acco	unts -	- Checking, Savings, etc.			
Name of Bank		ress of Bank	Account Number	Type of Account	Estimated Current Balance
					\$
					\$
					\$
Total Assets					
Liabilities: Credit C	arus -	- Department Stores, Banks, Car, St	uueni Lodii, eic.	Monthly	Estimated
Name of Creditor	Addı	ress of Creditor	Account Number	Monthly Payment You Make	Balance You Owe
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
Landlords (Past Tw	Total Debt	\$	\$		
Name of Landlord		Address of Landlord	Dates You Rented		
		e or repossession or filed bankruptcy i	n the last 7 Years?		
(Check One) Yes		No			

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## FIRST TIME HOME BUYER PRE-QUALIFICATION APPLICATION

## **CO-BORROWER**

October 21, 2003

							0010001 21, 2000	
			ER INFORM	ATION				
Borrower's Name (include Jr.	or Sr., if applical	ble)						
Cooled Coolemity Nivershow	Llama Dhana		Alternata	hana			ate of Birth	
Social Security Number Home Phone			Alternate Phone		De	ale of billi		
Marital Status (check one):	Dependent	s.						
Married Unmarried	Separa	ted		Ages:				
Current address	<u> </u>					М	onthly Rent	
						\$	•	
Street:		Apt				Yrs. at present address		
City	City State Zip						io. at procent address	
City	EMPLOYMENT			ip	DMATION			
Name and Address of Employ		AND WON	THET INCO	VIE INFO	JKINA HON	T V	rs. (from – to present)	
Name and Address of Employ	/CI					''	is. (iioiii – to present)	
Name								
						В	usiness Phone	
Street:			S	uite				
O:t-		N-4-	-	··-				
City Position/Title/Type of Busines		State		lip				
Position/Title/Type of Busines	5							
Gross Monthly Income O		Overtime		Bonus				
\$		\$			\$			
		OTHER	INCOME					
Child Support Alimo	ny	Social Se		Pensio	on		Other Income	
\$ \$		\$ \$				\$		
If employed in current posit	ion for less tha	n two year	rs complete	the follo	owina:			
Name and Address of Previous Employer					ownig.	Dates (from – to)		
							,	
Name						_		
						B	usiness Phone	
Street:				suite	<del></del>			
City	c	State	7	ip				
Oity		raic		.тр		М	onthly Income	
Title				\$				
Reason For Leaving								

III. ASSETS AND LIABILITIES							
Assets: Bank Acco	unts -	- Checking, Savings, etc					
Name of Bank		ress of Bank		Account Number	Type of Account	Estimated Current Balance	
						\$	
						\$	
						\$	
						\$	
Total Assets Liabilities: Credit Cards – Department Stores, Banks, Car, Student Loan, etc.						\$	
Liabilities. Credit C	arus '	- Department Stores, Da	iiks, vai, sti	uueni Lodii, ett.	Monthly	Estimated	
Name of Creditor	Add	ress of Creditor		Account Number	Payment You Make	Balance You Owe	
					¢	\$	
					\$	Ф	
					\$	\$	
					\$	\$	
					\$	\$	
					\$	\$	
Landlords (Past Tw	Total Debt	\$	\$				
Name of Landlord		Address of Landlord			Dates You Rented		
710.110 01 2011010	<u>-</u>	7.00	<u> </u>			<u> </u>	
Have you had a fore	closur	e or repossession or filed	bankruptcy ir	n the last 7 Years?			
(Check One) Yes		No					

I/We understand that my/our application will not be processed and I/we will not be considered official Home Buyer Club member(s) until my/our full payment is received. I/We have attached copies of the following documents (mark with X):					
DISCLOSURE:  I/We understand that, this is not an application for extension of credit or a committe the home buyer(s) in establishing a realistic price range. There are additional far applicant's qualification, including a recent credit report. By signing below I/we provided is true and complete to the best of my/our knowledge. I/we hereby autobtain all information necessary, including a credit report, to assist me/us successfully accomplish home ownership. I/we understand that the information reffort to determine eligibility for mortgage financing and/or develop a plan to corresponding to a mortgage approval.	actors involved in determining an acknowledge that the information thorize the Home Buyers Club to in an evaluation of capacity to may be shared with lenders in an				
Applicant/Borrower:	Date:				
X Applicant/Co-Borrower:	X Date:				
7 Applicant de Benevier.	Julio.				
X	X				
Applicant/Co-Borrower:	Date:				
X	X				
Applicant/Co-Borrower:	Date:				
X INFORMATION FOR MONITORING PURPOSES	X				
You are not required to furnish this information, but are encouraged to do so.	,				
Race/ National Origin: (check one)					
I do not wish to furnish this information					
Black, not of Hispanic origin Hispanic					
Sex: Female Male Office Use Only	1				
Office Ode Offig					
Pre-qualified by:	Date:				